SATURDAY, MAY 3, 1873.

ORIGINAL LECTURES.

LECTURES

ON THE SURGERY OF THE NARES, LARYNX, AND TRACHEA.

BEING THE MÜTTER LECTURES FOR 1872.

Delivered before the College of Physicians of Philadelphia,

BY J. SOLIS COHEN, M.D.

Reported by R. M. BERTOLET, M.D.

(Continued from page 467.)

LECTURE X.

TUMORS OF THE NASAL PASSAGES.

TUMORS are frequently developed in the nasal passages, and in their communicating cavities and sinuses. They originate from the mucous membrane, for the most part, but sometimes from the perichondrium or the periosteum.

The symptoms of a tumor in the nasal passages are, more or less obstruction to nasal respiration, sometimes hemorrhage, sometimes deformity; and these symptoms become pronounced so gradually that professional attention is not often attracted to them until the tumor has gained some considerable size. They are rarely attended with pain; but there is an annoying sensation of stuffing up of the nostrils, or obstruction at the posterior nares, more marked at irregular intervals, most frequently during change of moisture and temperature. These sensations induce sneezing, hawking, nasal excretions, and a frequent desire to use the handkerchief. Sometimes these symptoms resemble those of asthma so closely as to lead an unobservant medical attendant to the diagnosis of that affection. The sense of smell becomes impaired, and diminishes in acuteness with the growth of the tumor. If the tumor encroaches upon the outlet of the nasal duct, epiphora may be produced. If it encroaches upon the pharyngeal orifice of the Eustachian tube, more or less impairment of hearing may be produced. If it obstructs the outlet of the maxillary sinus, the development there of a cystic or other growth may be induced.

Tumors are apt to be attended with chronic catarrh, and there is a more or less constant discharge of mucus, or of mucus and pus, not infrequently mingled with blood, if the tumor is vascular and its vessels delicate. Osseous, carcinomatous, and fibroid tumors are often accompanied by the more familiar myxoma, or gelatinoid polypus; and, in some instances, the existence of the more serious trouble is not detected until the removal of the minor ones. Where the tumor is large and of soft consistence, portions become detached, and are expelled by sneezing or by blowing the nostrils.

The variety of tumor most frequently developed in the nasal passages is the myxoma, or gelatinoid polypus. It originates in an enlargement of the acinous glands of the mucous membrane, the mucous membrane itself becoming hypertrophied and elongated, so that a narrow pedicle is thus formed; and the tumor acquires somewhat the configuration of an oyster, of a dull, dingy-whitish color. Its consistence is soft, its surface smooth, and it hangs downward into the nostril or backward into the pharynx, being attached to one of the turbinated bones. It varies in size from the bulk of a small bean, to a magnitude sufficient to obstruct respiration completely, or to distend the nose out of shape. It is occasionally solitary, but more frequently multiple.

The fibroma is a less frequent variety of tumor, red in color, of firmer consistence than the myxoma, more irregular in contour, and usually attached by a broad base, though sometimes by a pedicle. It is generally single, and takes its origin in the submucous connective tissue, or in the perichondrium or periosteum, as the case may be. It is liable to develop in every direction, protruding into the pharynx, and sending out prolongations into the neighboring sinuses, where its subsequent development produces a characteristic deformity of visage denominated frog-face.

Adenomata occur still less frequently. They are developed from the glands of the mucous membrane, and may attain great size, and extend to the smallest anfractuosities of the nasal passages and adjacent sinuses.

Neuromata have occasionally been encountered in the nasal passages.

Epitheliomata and encephaloid tumors sometimes involve the nasal passages, but usually originate outside of them. The disease eventually involves all the adjacent tissues.

Enchondromata have been found developed in connection with the nasal septum.

Osteomata are occasionally developed in the nasal passages. They are not mere exostoses or osseous sarcomata, but true bony tumors, of cancellated or of compact tissue, wholly unconnected with the normal bone, and developed primarily in the submucous or fibrous tissue. The pressure of the tumor upon the normal bony structure may lead to its absorption, but the tumor remains essentially a distinct growth. These tumors increase slowly in size, producing great deformity; their pressure upon the nerve-tracts eventually exciting intense pain, which may involve all the branches of the fifth pair. When it has acquired considerable bulk, the tumor may be detected by the finger in the nostril, or may become visible exteriorly. At first it is covered by mucous membrane, but this gradually gives way, and the osseous nature of the tumor can be detected by the touch.

The operative removal of nasal tumors is frequently indicated. They are not amenable, as a rule, to any other treatment, though there are some instances recorded of their destruction by astringents, cauterization, and electrolysis.

The myxoma and the pedunculated fibroma are usually removed by torsion with slender but strong forceps, passed well over the pedicle of the growth

so as to tear it from its attachment. If several tumors are present, it is considered best to remove them all at one sitting, if this be possible. The blood lost in these operations is usually washed out by syringing; if the hemorrhage is at all profuse, astringents and ice are applied locally; and if these fail, the nostrils are plugged back and front by the nasal tampon. Sometimes these tumors are removable by the wire snare, a less painful operation than torsion, and less apt to tear away portions of the turbinated bones. The galvano-caustic loop is also used for the same purpose, and has the advantage of being productive of less hemorrhage.

When the tumor is deeply situated, or hangs into the pharynx, it is often encircled by a wire loop passed through the nostrils; the loop is then pushed up behind the growth as high as possible, and a suitable canula slid over the free ends of the wire to the growth, which is then compressed by traction upon the wire. Sometimes the tumor is merely strangulated in this way, and allowed to slough off; under which circumstances it is to be secured by a thread reaching outside of the mouth and confined to the ear, so as to prevent the tumor from falling off, at an inopportune moment, into or upon the larynx.

The tendency to repullulation of tumors removed from the nasal passages is restrained by the local application of astringents and caustics.

Tumors with extensive attachments sometimes require access to be made to them by external incision through the nose or upper jaw, various operations for which have been performed with such modifications as are suggested by the nature of the case.

Osseous tumors are removed by gaining complete access to the body of the tumor from the outside, when, if cancellated tissue predominates, it may be crushed with the forceps and removed in fragments. The compact or eburnated osseous tumor cannot be crushed in the forceps, or even cut with the chisel. Free access must be had to its largest portion, and all constrictions removed, whether soft or bony. It is then seized with strong forceps and easily dislodged by traction from one side to the other, coming away in mass, or in masses. The bones have frequently to be resected in part, and turned aside, in order to get access to these tumors.

Electrolysis has been successfully applied by Nélaton, Bruns, and others, to produce decomposition and absorption of extensive fibroid tumors; and it has been claimed that, in some of these successful cases, any ordinary surgical procedure would have compromised the life of the patient, on account of the size of the tumor, its location, and the nature of its attachments.

A MOVEMENT is on foot to establish a medical club in Paris,—the *Cercle Médical*. It is to include in its membership Parisian and provincial physicians, and students of medicine. A library is to be one of its chief features. The annual contribution will be one hundred francs for Parisian and twenty francs for provincial doctors, and sixty francs for students.

ORIGINAL COMMUNICATIONS.

ON THE ACTION OF DIGITALIS UPON THE CIRCULATION.

BY DR. H. C. WOOD, JR.

THE action of digitalis upon the heart of the frog was, I believe, first investigated by M. Vulpian,* who has been followed by numerous observers, among whom may be mentioned W. Dybkowsky and E. Pelikan,† A. B. Meyer,‡ Legros and Legroux,§ Claude Bernard,§ Rudolf Boehm,‖ Homolle,¶ Gourvat,** Fothergill,†† Fagge, and Stevenson.‡‡

The statements of these investigators agree in all essential points. One or two of them have occasionally noted a primary brief acceleration of the heart's action; but the rarity of its occurrence shows that it has been probably produced by some extraneous unnoted influence.

The first distinctive action of the drug is a marked lessening of the number of cardiac beats per minute, due to a prolongation of the diastole, which may be complete, but is more generally divided by an abortive attempt at ventricular contraction. The systole is abnormally energetic, so that the ventricles become white as the last drop of blood is squeezed out of them. As the action of the drug becomes more intense, the rhythm of the heart is very much affected, the ventricle and auricle no longer beating in accord. At the same time the diastole generally becomes imperfect, one portion of the ventricle maintaining its systolic spasm, while the rest dilates. Thus the extreme apex may remain hard and white during the diastole, and even hernial protrusions of the ventricle may occur. Finally, the heart is arrested in systole; and as the muscle so hardens, of course all its power of responding to electrical or other excitants is lost.

In some rare instances, instead of the above series of phenomena, the diastolic periods throughout are prolonged and quiet, and after several periods of relaxation, lasting for ten or twenty seconds, final diastolic arrest may occur.

As both Boehm (*op. cit.*, p. 163) and Dybkowsky and Pelikan (*loc. cit.*) have found that the slowing of the heart's beat, the increased energy of contraction, the irregularity and final systolic arrest, are produced by digitalis after division of the vagi and destruction of the spinal cord, and as both Ackermann§§ and Boehm have found that the paralyzing of the peripheral ends of the vagi by atropia does not prevent the phenomena just alluded to, it is evident that the drug acts directly upon the heart-muscle itself, a conclusion which is confirmed by Eulenberg and Ehrenhaus,‖‖ who found that digitalis, when

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* Comptes Rendus de la Société de Biologie, 1855, p. 70.
† Zeitschrift für Wissenschaftliche Zoologie, Bd. xi., 1862.
‡ Arbeiten aus dem Physiologischen Institut zu Zürich (quoted by Boehm).
§ Quoted by Gourvat.
‖ *Pflüger's Archiv für Physiologie*, Bd. v., 1872.
¶ *Archives Générales de Médecine*, July, 1861.
** *Gazette Médicale de Paris*, 1871.
†† Digitalis. London, 1871.
‡‡ Proceedings of the Royal Society (London), vol. xiv.
§§ Quoted by Boehm, *op. cit.*, p. 158.
‖‖ Quoted by Dr. T. Lauder Brunton, On Digitalis, London, 1868, p. 50.

locally applied, acts at once upon the heart. On the other hand, the inhibitory activity of the peripheral ends of the pneumogastrics is without doubt increased by the drug. There is no stage in which stimulation of the vagi does not cause diastolic arrest. Indeed, Dybkowsky and Pelikan have seen galvanization of the nerves produce such relaxation in the auricles after the ventricles had already become permanently contracted. Further, Boehm has found that a stimulation of the pneumogastrics which is insufficient to make itself felt before poisoning will, after the exhibition of digitalis, cause diastolic arrest lasting for many minutes.

It appears, therefore, that the peripheral cardiac inhibitory apparatus shares in the stimulant action of digitalis; and, as Boehm has found that diastolic arrest never takes place in frogs poisoned with the drug, after section of the vagi, it is probable that this rare mode of death is really due to super-excitation of the inhibitory cardiac nerves.

Rudolf Boehm (*op. cit.*, p. 170) has investigated the influence of digitalis upon the working power of the heart when freed from all connection with the central nervous system. By using the method of Ludwig and Coats, he obtained as a constant result that the amount of work done was increased by small doses of digitalis; that, after large doses, a similar increase was followed in a short time by very great diminution in the expenditure of power by the heart, a diminution apparently due to imperfect diastole and consequent non-admission of serum into the viscus.

The elaborate experiments of L. Traube* upon warm-blooded animals showed that in dogs moderate doses of digitalis produce increased arterial pressure, with lowering of the rate of the cardiac pulsation. When toxic doses were used, these phenomena were followed by increase of the pulse-frequency and fall of the arterial pressure, which did not commence at the same time, since the maximum pressure was not reached until the pulse had risen above the original, normal point.

Boehm (*loc. cit.*) has confirmed these results, and has also noticed a very marked dicrotic pulse, evidently due to an abortive ventricular contraction during diastole, precisely as occurs in frogs.

The experiments of Brunton (*loc. cit.*) and of Gourvat (*loc. cit.*) also are in accord with those of Traube; so that it may be considered proven that in mammals moderate doses of digitalis produce rise of arterial pressure with diminished pulse-rate.

Prof. L. Traube has found that, after section of the vagi, digitalis is in warm-blooded animals, with rare exceptions, incapable of reducing the pulse-rate, and, contrariwise, that when the pulse-frequency has been reduced by the drug, section of the nerves causes an immediate and very marked rise in the rate of pulsation. I believe Boehm† has experimentally confirmed this; and in the single experiment of Gourvat a similar result was attained.

The conclusion would seem to be inevitable, that in mammals the reduction in the pulse produced by digitalis is directly or indirectly owing to an excitation of the peripheral inhibitory apparatus. The occasional reduction of the pulse-rate after section of the pneumogastrics shows, however, either that the inhibitory nerves in some animals find another path than the pneumogastrics, or else that there is an additional—sometimes inoperative, sometimes efficient—cause of the reduction of the pulse-rate. As it has been shown that digitalis is capable of slowing the beat of the isolated heart of the frog, it would appear probable that it may exert a similar influence at times, in mammals, upon the cardiac muscle or its contained ganglia.

Although digitalis does increase the muscular energy of the heart, it seems scarcely possible that the enormous rise of pressure produced by it can be owing to this alone. This *a priori* reasoning has received experimental confirmation from Malan,‡ Fothergill (*loc. cit.*), Gourvat (*loc. cit.*), and Ackermann.§ The first three of these investigators have found that the arterioles of the frog's web undergo very decided contraction after the systemic use of digitalis; and Ackermann states that if the abdomen of a rabbit be opened so as to expose the arteries of the mesentery, a very marked contraction, even to the partial obliteration of the lumen of the vessels, can be readily seen to follow the exhibition of digitalis.

According to Boehm, Traube found that if the spine be divided, digitalis is powerless to increase the arterial pressure, although lessening, as usual, the pulse-rate. The same authority also states that Bezold has seen an excessive fall of the arterial pressure ensue immediately upon the division of the spinal cord in an animal under the influence of digitalis. Further, in his own experiments, Boehm has attained similar results, or, in other words, has found that after separation of the small vessels from the vaso-motor nerve-centre, digitalis does not increase arterial pressure.

These experiments would appear to prove that digitalis acts upon the vessels by stimulating the vaso-motor centres in the base of the brain; but they have been contradicted by Ackermann (*op. cit.*, p. 397), who states that he has many times cut the spinal cord, and without exception found a very marked rise of arterial pressure follow the injection of digitalis. Unfortunately, none of these experiments have, that I am aware of, been published in detail, and it is therefore impossible to analyze or reconcile them. It must be considered undetermined whether Professor Ackermann is or is not correct in asserting that digitalis acts directly upon the peripheral vessels themselves.

From the evidence which has been brought forward, it may be considered as definitely proven that in mammals digitalis in therapeutic doses is a powerful stimulant to the circulatory system.

The following proposition expresses our present knowledge, and probably is very close to the truth:

Digitalis in moderate doses stimulates the mus-

* Gesammelte Beiträge zur Pathologie und Physiologie, Bd. i., Berlin, 1871.

† His language is such as to leave the point somewhat doubtful. (*Op. cit.*, pp. 188, 189.)

‡ Quoted by Fothergill (*op. cit.*).

§ Ueber die Wirkungen der Digitalis: Volkmann's Sammlung Klinischer Vorträge, No. 48, Leipsic, 1872.

culo-motor portion of the heart (probably its contained ganglia), increases the activity of the inhibitory apparatus, and causes contraction of the arterioles. As a consequence of the first action, the cardiac beats become much stronger; as the result of the last, there is narrowing of the blood-paths, and to the passage of the vital fluid an increased resistance, which, acting on the already excited inhibitory system, aids in the slowing of the pulse. Toxic doses of digitalis paralyze or weaken, more or less completely, each of the three systems, and cause rapidity of the pulse and falling of the arterial pressure.

According to my own experience, decided therapeutic doses of digitalis, in man as in other mammals, produce great reduction and sometimes dicrotism of the pulse, and increase the size and force of the wave; at the same time the arterial tension is augmented. Poisonous doses induce, after a time, increase of the pulse-rate, with smallness and weakness of the wave and lowered arterial pressure.

Sphygmographic studies of the effect of digitalis upon persons suffering from various acute and chronic diseases have been made by M. Legroux, M. Bordier,* Constantine Paul,† and Paul Lorrain.‡ The problems offered by these gentlemen are so complex as to render a detailed study almost impossible; but, as a whole, their tracings seem to confirm my personal experience. Paul Lorrain calls attention to the fact that when the drug has reduced the pulse-rate very greatly, a second abortive systole can, on auscultation, sometimes be heard occurring during the long diastole, and some of his sphygmographic tracings are markedly dicrotic. It is evident that in man the second systolic movement occurs precisely as in animals; and it seems very certain that the proposition framed for the lower mammals applies also to man.

When the pulse has been reduced by digitalis to forty or fifty a minute, the change from the recumbent to the erect position will not infrequently suffice to alter at once its character, so that it will become feeble, small, and 150 per minute. The experiments of Traube, which have already been mentioned, afford an explanation of this phenomenon so simple that it can scarcely be else than true. The action of the drug in such a case is verging upon the point at which the pulse-rate increases, and the arterial pressure falls, owing to the partial paralysis due to over-stimulation. Whilst the patient is recumbent, the line is not passed over, but the additional stimulation of the erect position carries the circulatory system beyond the limit of simple stimulation, and the over-effects of the drug are at once manifested.

DR. HANOT recently reported to the *Société de Biologie* in Paris a case in which uræmia, supervening on general paralysis, was diagnosed by the symptom pointed out by Bourneville,—a rapid and general decline of temperature.

* *Bulletin Thérapeutique*, 1868, p. 110.
† *Ibid.*, p. 193.
‡ *Journal de l'Anatomie et de la Physiologie*, 1870.

GONORRHŒA AND STRICTURE TREATED WITH URETHRAL SUPPOSITORIES.

BY HENRY E. WOODBURY, M.D.

IN an age so progressive as that in which we live, it behooves the practitioner of medicine to keep up with the spirit of the times. Many theories that in years gone by were considered orthodox by our profession have long since fallen to the ground; and, no doubt, many that now obtain will meet with a similar fate in the future. This cannot fail to be the case so long as the science of medicine is not an exact science, and the type of diseases is so subject to change. While, therefore, old ideas are becoming obsolete, and new theories are springing up to take their places, it becomes doubly imperative upon the members of our profession that they investigate calmly and carefully every new plan presented for the treatment of diseases, as the community must look to us for relief from suffering. If we are unable to afford this in cases that are remediable, we shall incur that most unpleasant of all imputations,—inefficiency in the discharge of our professional duties.

Believing that any and every improvement upon old and established modes of treatment should be communicated to the profession, I propose to give a brief outline of my experience in the management of gonorrhœa and stricture,—diseases that often tax in the highest degree the skill, as well as the patience, of the physician or surgeon.

As in the treatment of fractures and some uterine diseases a certain amount of mechanical ingenuity is essential to success, so in regard to the diseases we are about to consider in this paper does the same fact obtain with equal force,—diseases as wide-spread as the race of man, brought on by his own imprudence (in the majority of cases), and often so long neglected that they assume an almost incurable type.

In 1867, the March and April numbers of the *Lancet* contained articles on the treatment of gonorrhœa by the eminent surgeons connected with the London hospitals. These I read with interest, and, reflecting upon the pathology of the disease, I determined to ascertain what the effect would be if I made my applications to the parts affected in such a manner as to have them longer retained in contact with those parts than they could possibly be by the old method of injection. I therefore prepared certain ointments of suitable consistency, to be applied with a female or common gum catheter. The medicinal agents used were nitrate of silver, calomel, sulphate of zinc, and bismuth. Of the first I seldom used more than three or four grains to the ounce of soft lard, sometimes rendered softer by the addition of a little glycerine. Of the others I used from five to fifteen grains to the ounce. A patient presented himself. I first examined the urethra with a catheter, in order to ascertain how far up the passage the disease extended. It proved to be an incipient case, and I proceeded as follows:

Forcing into the two openings near the end of a female catheter as much of one of the ointments above described as I could, I passed the instrument

well up the urethra, and, by means of a syringe-bulb attached to it, forced the ointment out into the passage, after which I slowly withdrew the catheter. The application was made after micturition, so that the remedy might be kept as long as possible in contact with the parts.

I directed the patient to take, during the day, flaxseed tea containing a little bicarbonate of potash, and an occasional saline cathartic, if required. In a comparatively short time I discharged my patient cured. I think about six or seven applications were made. In several other cases the plan worked well, but the trouble attending the application led me to try the method recommended by Mr. Henry Thompson (*London Lancet*, May 12, 1866). I endeavored to make suppositories, or soluble bougies, by combining nitrate of silver, tannin, etc., with cacao butter. In this I failed, as in every case the silver was precipitated in the form of an oxide before the cacao butter would harden. Being still sanguine, and determined to succeed if possible in testing this idea, I called on Mr. F. S. Gaither, a skilful pharmaceutist of this city, whom I found ready and willing to assist me. After several trials we succeeded in producing the first urethral suppositories ever used in this city, and I believe the first ever used in this country. Our failures in making the bougies at first came from melting the cacao butter. We found it far better to rub the nitrate well in a drop or two of glycerine, and then incorporate it with the shavings of cacao, upon a smooth white-pine surface, by means of a spatula.

The first case in which I used the urethral suppositories was an exceedingly obstinate one.

J. S. B., aged about 40 years, plethoric habit, bilious temperament, weight about one hundred and seventy-five pounds. Had led a reckless life; was much addicted to stimulants; had often suffered from gonorrhœa, which he said "stuck like a brother when it once commenced." It was complicated this time with chancre of simple type. When I suggested the suppositories, he at once said, "No, doctor; treat me the old way. I always have to take large doses of copaiba and cubebs, when I am elected."

The only effect produced by the remedies generally used in such cases was, at times, a slight diminution in the amount of discharge. At the end of six weeks he concluded to try the suppositories. From this time the disease began to yield to the treatment, and in two weeks I discharged him cured. I should, perhaps, add here that the only medicine taken by the mouth, after the resort to suppositories, was tincture of iron in tonic doses.

In many other cases of a milder type, the results of this mode of treatment proved no less satisfactory to my patient than to myself, and for years I have not been obliged to resort to nauseating drugs in treating this troublesome disease. I sometimes give the oil of erigeron or tincture of iron, and always direct my patient to take flaxseed tea with bicarbonate of potash. I have generally found that if taken in hand early the disease will yield to this treatment in from one week to ten days.

In a paper read before the medical society of this district in 1868, I predicted that urethral suppositories would be for sale at our drug-stores, like any other ordinary remedy; and that prediction has been verified.

Encouraged by the success that had attended my use of suppositories in gonorrhœa, I determined to try them in that troublesome complication, stricture. My *modus operandi* was as follows:

Examining the urethra with a steel sound of medium size, and finding a stricture, I endeavored to pass it. This operation was generally attended with a certain amount of syncope, and a slight flow of blood from the parts. In some cases, on account of great nervous excitability, I was compelled to postpone the operation for a few days. As soon, however, as I had succeeded in passing an instrument, I applied to the seat of the stricture the ointment, as described above, to be followed by the introduction of a suppository at night. Every third or fourth day a larger sound was passed, and the ointment and suppository used. The only internal remedy I ordered was flaxseed tea with potash; which, by neutralizing the acidity of the urine, renders it less irritating to the sensitive membrane in the act of micturition.

In a case of more than two years' duration, by this method a cure was effected in three weeks, the sound having been passed but six times. The patient, when he came to me, considered his case incurable. In 1868 or 1869 he married, and up to the time that he removed to the South (two years after) he experienced no further trouble.

I will refer to but one other case. A young man contracted gonorrhœa in 1865. He admitted that he had suffered from subsequent attacks during 1866 and 1867. He came to me in 1868. In his case I found stricture complicated with spermatorrhœa. He was thin, anæmic, and very much depressed in spirits. The stricture was treated as in the former case. Diluted phosphoric acid, with strychnia, was ordered for the complication. The patient was discharged cured in thirty-five days from commencement of treatment.

I have treated all of my stricture cases in this way since 1868. They have not been numerous (not exceeding in number fifteen or twenty), and I recall but one case in which I was unsuccessful. This was an old and a hard case, the symptoms being constantly aggravated by the intemperance and irregular habits of the patient.

My opinion of the utility of urethral suppositories is derived from actual experience in their use; and one instance that just comes to my mind is well worth a place in this paper. A lady consulted me relative to a urethral trouble, in 1869. She had used, without benefit, several remedies procured for her by a friend. Not wishing to subject her to an examination, I ordered for her six suppositories, and directed her to pass one into the urethra every night, keeping it in place by means of a compress and napkin. She was also directed to take the flaxseed tea. In a week she was completely cured. About three years after this, I received a note from the same lady, requesting me to send her by the bearer a recipe for the same kind of suppositories she had

used before, in which she said, "You need not take the trouble to call and see me, doctor, for I know the same treatment is all I require." When, some days after, I called to learn the result of the treatment, she informed me "it was all right."

I have used, in the form of urethral suppositories, the following remedial agents: tannin, persulphate of iron, nitrate of silver, and morphia. I consider those of nitrate of silver and morphia the most efficient. I have them made about the diameter of a No. X. or XII. catheter, and about two inches in length. One of these is passed well up the urethra, after voiding the urine, by the patient when he retires at night, and the organ is enveloped in old muslin, to prevent the linen from being soiled. I have no doubt but that the nitrate is, in a measure, decomposed during the process of blending it with the cacao butter; it may become pretty well oxidized. Be this as it may, results of treatment speak for themselves, and it is with these that we have to do in this paper.

The grounds upon which I advocate the use of suppositories in these diseases may be stated briefly as follows: By their use in gonorrhœa the remedy is kept longer in contact with the unduly-active mucous membrane than by any other method; while in stricture their lubricating qualities exercise a soothing effect upon the irritated surface, and prevent too rapid healing of the parts.

Will not some one who has the opportunity to treat these diseases frequently, give urethral suppositories a trial, and favor us with the results of his experiments in this direction?

WASHINGTON, D.C., April 3, 1873.

TRISMUS NASCENTIUM — A CASE SUCCESSFULLY TREATED WITH CHLORAL.

BY G. TROUP MAXWELL, M.D.,
New Castle, Delaware.

IN the whole catalogue of ills which flesh is heir to, there are few, if any, diseases which present so appalling a mortality record as trismus nascentium. The testimony of many extensive practitioners, who have seen a great deal of it, is that they have never known a case to recover. Its hitherto unchecked ravages in certain sections of the world invest it with a deep and solemn interest, and anything that will afford a reasonable hope of getting it under control would be hailed with delight. My own experience with the disease in the States of Georgia and Florida, in a large practice, running over more than twenty years, with the single exception which I am about to report, does not differ from that of the large majority of those who have written upon the subject. It was my ill fortune to encounter, especially in the earlier years of my professional life, quite a number of cases, with the same unvarying result; the sufferings of the little ones always ended in death. There was, therefore, no accident of the lying-in chamber which was more profoundly dreaded, and not one against the happening of which more precaution and care were exercised. It is true that most of the cases occurred among the negroes and the poorer classes of whites; but it is equally true that cases did happen in the families of the wealthy, cultivated, and refined. Thorough ventilation, absolute cleanliness, good nursing, and everything that thought could suggest and money procure, were sometimes unavailing to prevent the appearance of this terrible malady.

Having read with much care and interest the articles upon this disease from the pen of Dr. J. Marion Sims, which appeared in *The American Journal of the Medical Sciences* in 1846 and 1848, and having been deeply impressed by the then novel views of their author, upon entering the profession the latter year, I then, as indeed I have ever done since, made careful examination of the heads of the children, and diligently searched for the displacement of the cranial bones, to which, and the consequent pressure upon the medulla oblongata, that writer attributed the whole trouble. In some instances there was displacement, but in others there was none discoverable; and the application of the procedure recommended by Dr. Sims, even when it restored the bones to their proper places and relations, failed to arrest the disease: so that after repeated trials of the plan suggested by him, without reaching the anticipated gratifying results, and after finding cases of trismus in which there was not any discoverable displacement of the cranial bones, and not unfrequently displacement without trismus, I lost all hope of affording relief by the measures proposed.

My expectation of favorable results was aroused and temporarily sustained by the publication in the Charleston (S.C.) *Medical Journal and Review* of two cases successfully treated by Drs. Gaillard and De Saussure, of that city, with Cannabis Indica; but a faithful trial of the remedy, in the doses and according to the formula employed by these gentlemen, gave no encouragement. Indeed, I had exhausted the resources of our art, so far as I was acquainted with them, in the treatment of this malady, but without avail; and I resorted to every expedient known to prevent it. In this latter idea I have believed that I was more successful. For several years past I have invariably dressed the funis of every infant I delivered with balsam of copaiba. Whether the relation of cause and effect subsists between balsam of copaiba, so used, and the result of absolute exemption from trismus, in my practice, I am not prepared to assert; but the fact obtains that I have not had a single case of that disease to occur when I have assisted at the accouchement since I have been in the habit—now some twelve or fifteen years—of using this article as a dressing for the funis. Nor would I seem to claim the practice as originating with myself; although I cannot now remember to whom I am indebted for the suggestion. I have an indistinct recollection that the idea was obtained from one of the Southern journals, and that it was the practice of a resident of one of the West India islands. The cases of trismus which I have seen in the last twelve or fifteen years have all occurred in infants which were delivered by other physicians, or by nurses.

In October, 1870, whilst residing in Jacksonville, Fla., I was called to see a female infant seven days old, who was laboring under a well-marked attack of trismus. I had been engaged to attend the mother in her accouchement, but, for some reason, she was intrusted to the care of a nurse only. On inquiry, I learned that the labor had been natural in every respect, and until that morning mother and infant were seemingly doing well. The first suspicious indications which they had perceived were inability of the infant to seize the nipple as firmly and to draw the milk as well as she had done, and almost simultaneously a change in the tones of the child's voice. I would remark that this latter sign—a peculiar hoarseness and huskiness of the voice of the infant—is, according to my experience, among the earliest and surest indications of trismus, and is a valuable diagnostic symptom in the early stage of the disease, before its characteristics are fully developed. Satisfied, after a careful examination, of the nature of the attack the infant was laboring under, I gave, of course, a most unfavorable prognosis.

Chloral had not at that time been long in use. I had introduced it into Jacksonville the winter previous, and, besides the favorable accounts of its action, with which the journals in Europe and in this country teemed, I had been gratified by my own experience with it in cases of spasmodic affections. With little or no hope of deriving benefit from its use in this case, I determined, nevertheless, to employ it. Of the following,—

℞ Chloral. hydrat., gr. vj,
Syrup. simp.,
Aquæ, āā 3j,

I directed one-fourth to be administered every two hours. The effect of the first two doses was to produce sound and seemingly natural sleep, during which the spasms were suspended. On awaking, the spasms recurred; but it was thought they were less violent. In the evening I directed the chloral to be given often enough, and only when required, to keep her asleep all night. The next morning the amelioration of her symptoms was quite perceptible; she nursed with greater ease; and when, after prolonged intervals, the spasms returned, they were manifestly less rigid. The effect of the chloral was maintained throughout that day and the next night, with steady progress of the case towards recovery, the intervals between the doses being increased in length as the disease diminished in severity; and after the third day all treatment was discontinued without a recurrence of the trismus.

From that time the infant grew rapidly; but during her fourth month a distinct development of hydrocephalus was observed. Was there any connection between the trismus and the effusion of water into the cavities of the brain? This inquiry suggested itself, but I am unable to respond satisfactorily. Not long after this I moved out of Florida, and lost sight of the case.

Since this case occurred I have seen reports of several cases of trismus nascentium successfully treated with chloral. They confirmed the hope that the result in the case just described was not an accident merely,—a simple coincidence, or *post hoc*,—but was, in fact, a *cure*, the result following the administration of chloral as legitimate and proper effect,—*propter hoc*. For that reason, and in that belief, I give it to the profession. Possibly this valuable addition to the physician's *armamentarium*—chloral—will invest this much-dreaded disease with less sombre colorings; at least it should receive a faithful trial.

Treatment of Basedow's Disease (*The Practitioner*, March, 1873).—The three essential features of Basedow's disease are palpitation and frequent action of the heart, swelling of the thyroid gland, and exophthalmos. Its relations to chlorosis are obvious, as its occurrence in females chiefly, and its frequent association with irregularities after menstrual function, show. Nevertheless it occurs in men, and even in children. Drs. Eulenberg and Guttmann, in speaking of the mode of treatment to be adopted, remark that whilst formerly tonics were very generally employed with the object of improving the blood, as well as remedies that lowered the action of the heart, notwithstanding that experience demonstrated how little benefit was to be obtained by these means, in recent times the cure of the disease has been attempted by applying continuous electrical currents to the sympathetic in the neck. Dusch, it appears, was the first who adopted this means in a case which had long been otherwise treated without effect, and found that the application of from ten to twenty elements reduced the pulse from 130 to 70, and even to 64, in the minute, the exophthalmos at the same time undergoing considerable diminution. MM. Guttmann and Eulenberg tried the same means in 1867, and found that in a woman suffering from the disease, and having a pulse-frequency of 108 to 130, with unusual tension of the carotid, upon galvanization of the cervical sympathetic with a very weak ascending current of only six or eight elements, a gradual fall of the pulse-frequency took place from 124 to 84, and even to 70, with coincident diminished tension in the carotid and radial arteries. This plan of treatment, however, was not continued long enough to cause much diminution in the size of the tumor of the thyroid or of the exophthalmos. Since then they have applied the current in four other cases, and in all with the effect of ameliorating the cardiac symptoms, but in none long enough to cause material improvement of the other symptoms. Chvostek has made numerous experiments on galvanization of the sympathetic in these cases, and in no less than thirteen of them has nearly effected a complete cure. In his hands the influence on the gland was well marked, whilst it was less distinct on the activity of the heart. Moritz Meyer also reports four cases where the thyroidal tumor was by the same means almost entirely abolished.

The Non-Identity of Varicella and Smallpox.—In an article published on the above subject in the *Allg. Wiener Med. Zeit.* (No. 7, 1873), Dr. Fleischmann states that varicella is a distinct disease from smallpox, and adduces various clinical and experimental proofs in support of this view. Among the clinical arguments are the following: Vaccination exerts no influence on the development of varicella; varicella attacks equally vaccinated and non-vaccinated subjects; recent varicella does not preserve from smallpox; varicella never gives smallpox, but true varicella through contagion. The experimental proofs may be summed up thus: Inoculation of varicella produces neither variola nor varioloid; inoculation of varicella generally presents a negative result in vaccinated and non-vaccinated subjects; in some exceptional cases true varicella has been produced; the local results in secondary inoculation of variola are negative; the pustules of varicella cannot be considered as conveying contagion in the same manner as the pustules of variola.

Curious Case of Criminal Abortion.—Dr. T. G. Thomas, in the *American Journal of the Medical Sciences* for April, 1873, records a case in which the wife of a physician used an umbrella-wire 17½ inches long to produce abortion, *wounding the right lung*, and inducing death by pneumonia on the sixteenth day.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, MAY 3, 1873.

EDITORIAL.

A LIFE-INSURANCE CASE.

THE law reports of this city recently contained an item of interest to life-insurance companies and their medical examiners. John H. Allen, the executor of a deceased person,—Edward Carroll,—sued the World Mutual Life-Insurance Company of Brooklyn for the amount of a policy on the life of the said Carroll, payment of which was refused on the ground that at the time of its issue the medical examiner had been deceived as to the physical condition of the applicant. Two other companies had refused to insure him, as in the opinion of their physicians he was suffering from incipient consumption.

The judge (McKennan) charged the jury that the point for them to decide was whether the contract was made in good faith on both sides: if Edward Carroll had deceived the company intentionally, the claim was vitiated, but if not, the verdict should be for its payment. The case went against the company; but the verdict was set aside, and a new trial ordered.

An instance like this strongly illustrates the responsibility of the medical examiners of life-insurance companies. We well know that some examiners, and some companies, are far more lax than others in their scrutiny of applicants. But the proper rule of taking none but sound lives, so that the risks assumed shall be those of the average only, should be rigidly adhered to, in justice to all parties concerned; and whenever this rule is slackened, the integrity and security of the company and its members are by so much impaired. It is true that for a few years the easy admission of applicants makes a larger income, and perhaps more flattering dividends, and that the lapsing of some policies may lessen the actual loss; the two together may for a time even cover it up; but it is also true that just these rotten policies are the very ones on which, for the short time they exist before becoming claims, the premiums are most regularly paid.

We believe, from actual experience in the matter for many years, that attempts at cheating life-insurance companies are far more frequent than would be generally supposed. Family physicians are too ready to give certificates of good health, or at least of assurability, to patients whose favor they are loath to lose. One gentleman, very prominent in the profession, was known by us to advise a lady of very delicate constitution "to apply for life-insurance just now, while she was, for her, so well."

Hence it behooves the companies to exercise great care in the selection of their medical examiners, and to look well into all cases of loss, so that if they are due to careless or incompetent scrutiny of the applicants, it may be known. And the examiners should never forget that they are the guardians of the interests of their employers, charged with the duty of rejecting all but suitable applicants. The whole business has grown to be so enormous, involving so many and such varied interests, and such a vast aggregate of capital, that it might well be far more frequently and freely discussed.

THE ASSOCIATION MEETING.

DURING the coming week, the usual yearly congress of doctors will take place at St. Louis. There is no reason to suppose that the session will be of either more or less consequence to the profession, or to the world at large, than those of former years. Our own city, so far as we know, will be but meagrely represented, the private business of most of our physicians being in every way more attractive and profitable than either the deliberations of the Association or even the generous hospitality of our Western brethren.

We have so fully and so repeatedly spoken of the defects of the system under which this annual congress is held, and of the palpable failure of its practical workings,—and we have so little hope of such a change as should make it a truly representative affair, having influence with the mass of the profession,—that we need not pretend to regard it, as

now constituted, with either profound respect or lively interest. Nor need we at present renew our specifications against it. We can only say, with St. Paul, "my brethren, these things ought not so to be."

The propositions contained in the letter of our respected friend, Dr. Gross, published in our issue of April 5, do not seem to us to meet the difficulty. It may possibly be that some action will be taken, either by the Association or by a few of its leading members, towards putting things on a better basis; if not, we shall try again to excite an interest in the subject during the interval between this and the next meeting.

We have made arrangements for reports from a special correspondent of whatever may transpire at St. Louis.

IN our issue of March 29 there was an account of a case in which ligation of the subclavian artery was performed at the Jefferson Medical College, by Dr. Maury. Our attention has been called to the fact that the reporter made the serious error, on page 406, of stating that the vessel was secured by means of a *silk* ligature. The material used was *fine silver wire*.

The importance of this correction will be at once evident, and we trust it will be known and noted by all who are interested in the subject. The statistics of the operation in question are so limited in extent that every case placed upon record should be accurate in the minutest detail.

CORRESPONDENCE.

LONDON LETTER.

[*From Our Own Correspondent.*]

The General Medical Council of Education and Registration—The Curriculum of Medical Study—The System of National Conjoined Examinations—Visitation of Examinations—The Contagious Diseases Acts—Medical Officers of Health—Registration of Midwives—Professor Tyndall.

LONDON, April 9, 1873.

DURING the last week the General Medical Council of Education and Registration have been holding their annual session in London. This is always rather an interesting medical event. The Council includes official delegates from every university and medical corporation chartered by the state to confer medical licenses and degrees throughout Great Britain. Their assembly is always the signal of profuse hospitalities; and they discuss matters of considerable importance. Thanks to their labors, no medical student can now be registered until he has passed a preliminary examination in Latin, French, English composition, arithmetic, algebra, and Euclid; nor can any such student subsequently be admitted to examination for a degree until he has passed through a prescribed curriculum of education lasting for four years,—three of which must be spent in a medical school attached to a hospital with not less than one hundred and fifty beds, and a museum and other appliances of instruction on a corresponding scale, which has been "recognized" as suitable by the examining bodies. The fourth year must be spent in acquiring professional knowledge either at one of these hospitals or at some other hospital, school, or place affording adequate means of instruction. Notwithstanding these restrictions, however, it is feared that, under the influence of competition for fees, some of the examining bodies (in Scotland and Ireland especially) do not impose a sufficiently severe test upon the candidates for their diplomas. The efforts of the Council lately, therefore, have been devoted chiefly to the attempt to procure united action by inducing all the examining bodies in each of the three kingdoms to unite in forming conjoint examining boards in each kingdom, for the purpose of establishing a uniform minimum standard of examination. This effort has not been altogether successful, partly owing to legal difficulties attending such united action, and partly to reluctance of the Scottish bodies to fall in with an arrangement which would rob them of their individual right of action and lessen their profits. Their principle is "small profits and quick returns." Legislative action will be attempted, but, from what I know privately of the opinions of leading members of the government, it will not succeed in the shape proposed. Lord Ripon has a strong opinion that a more complete measure is necessary than any which the Medical Council are likely to propose; and his colleagues in the Cabinet will be guided by him in the matter. Meantime, exercising powers conferred by clause 19 of the Medical Act, the Council will resume strict visitation and inspection of the respective examinations by paid visitors; and this will exercise a most salutary effect. On the whole, the tests for diplomas have risen to a very high standard lately,—so high that there is some fear that a sufficient supply of practitioners ready to do the hard every-day work of the profession in poor districts will presently with difficulty be obtained. Already there has been a general rise in the fees of practitioners; and one of the senior surgeons of St. Bartholomew's told me, a few days since, that he finds great difficulty in getting young men to accept colonial and county appointments such as a few years since would have been eagerly sought after by a host of applicants.

Among the least inviting branches of every-day practice is "cheap midwifery," and this is falling gradually more and more into the hands of midwives. It is calculated that there are ten thousand midwives practising in Great Britain; and that from thirty to sixty per cent. of the women in many rural places and manufacturing towns are delivered by midwives. There is, however, but a very scanty machinery for educating them, and no authorized examinations for them, nor any register of

qualified persons. The result of the prevalent ignorance of this class of women is a great excess of mortality among lying-in women, and an unrecorded but pitiable mass of additional suffering inflicted on our poorer sisters in their hour of greatest need. The necessity is accordingly felt by many of the members of our profession for taking means to provide opportunities on a large scale for training midwives, and establishing an examining board and a public register of trained midwives. A deputation of the Parliamentary Committee of the British Medical Association has waited upon the president of the Local Government Board on this subject. Mr. Ernest Hart, as president of the committee, made a lengthened statement to that minister on the subject. Mr. Stansfeld returned a warmly favorable answer: he had frequent occasion, in connection with the administration of poor-law medical relief, to lament the deficiencies which the deputation pointed out; and he expressed a desire to do all in his power to promote state assistance to the scheme proposed. He undertook to bring the matter before his colleagues in the Cabinet. Dr. Acland, F.R.S., is moving in the same direction in the Medical Council, and Dr. Aveling in the Obstetrical Society; so that there is a fair prospect of something being done shortly to secure state examinations for midwives in this country.

The agitation against the Contagious Diseases Acts continues to be carried on fiercely in the provinces by the ladies chiefly, aided, however, by a certain section of churchmen, and by a number of gentlemen who describe themselves as belonging to the school of Mr. Mill. The whole medical profession, with the exception of a very few, are strongly in favor of the acts, on the ground of the physical benefits, and because it has been shown that by bringing under supervision the class of prostitutes who haunt garrison towns (to which alone these acts apply) they have tended to improve the morality of these towns, have led to a great reduction in the number of public women, to the reclamation of a considerable number of them, and to the introduction of decency and outward propriety where the opposite conditions previously prevailed. All this has been generally conceded: nevertheless, "the antecedent moral objections" to measures which virtually aim at providing healthy prostitutes for soldiers and sailors, and so offer immunity to immorality, are so strong in the minds of many excellent and thoughtful persons that the future stability of the acts may be regarded as doubtful. No measure for repealing them will be passed by this Parliament; but it will be a hustings question at the ensuing general election; and it may possibly pass in the next Parliament.

Under the recently passed Public Health Act, medical officers of health with highly important sanitary functions are being appointed in every district of England. Some are very highly-paid officers,—receiving from £600 to £800 sterling a year; others, acting in smaller localities, receive much smaller salaries; but altogether they are very handsome appointments, and, as many hundreds have been made, and some hundreds are still to be made, they will give a handsome addition to the income of the profession. This is only just; for a large amount of work preventive of disease has hitherto been done by the profession without payment; and by preventing disease and arresting epidemics they will save large losses to the country, and diminish professional receipts from attendance on sickness.

The Societies have been very active during the last few weeks. The Pathological Society of London, especially, has been the scene of a protracted and very able debate on the anatomical relations of tubercle. It is, however, still unfinished. I will give some account of it in my next letter, by which date it will probably have been concluded.

Professor Tyndall has been warmly received on his return to London. He gave, last Friday, a lecture on Niagara, full of characteristic keenness of observation, skilful generalization, and happy turns of thought. It was warmly applauded by a crowded audience.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, NEW YORK.

SEMI-MONTHLY MEETING, April 9, 1873.

Reported by JAMES S. BAILEY, M.D.

DR. ALBERT VAN DERVEER, PRESIDENT, in the chair.

LIGATION OF THE SUBCLAVIAN ARTERY FOR AXILLARY ANEURISM.

DR. JAMES H. ARMSBY addressed the Society on this subject, as follows:

My first operation was at Glens Falls, November, 1863, for axillary aneurism. The patient was John Ferguson, merchant, æt. 28. He had lost his right arm by the accidental discharge of a cannon in July previous. The stump was healed, and was apparently sound, until the following September, when a pulsating and painful tumor was formed in the axilla. This increased rapidly in size, until the day before I was called, when the sac was ruptured by an effort to put on his coat. He lost in a few moments two or three quarts of blood. He fainted, and was almost pulseless several hours, during which time the opening was closed by a compress, fastened by adhesive straps crossed over the shoulders.

When I arrived I found him in bed; pulse 130; skin cool and pale. The aneurismal tumor had filled, and was pulsating strongly under the dressings. I decided to operate immediately.

The first incision extended along the clavicle from the mastoid to the trapezius muscle, and was about three and a half inches in length; the second, vertical, intersecting the first near the middle. In dissecting up the flap, it became necessary to ligate three small arteries and the external jugular vein. The vein was secured by two ligatures, and divided between them. The clavicular portion of the mastoid was divided, and the deep cervical fascia.

The clavicle was carried upward to such an extent by the great size of the tumor as to render it extremely difficult to reach the artery. While detaching the fascia and large veins which cover the artery at the border of the scalenus muscle, I was startled by a slight gurgling sound, and the presence of air-bubbles at the deep-

est part of the wound, and immediately covered the spot with my finger. There was a tremor and slight convulsive movement, during which the pulse and heart were greatly disturbed, indicating the introduction of a small quantity of air into the circulation. After a moment of extreme anxiety, the operation was resumed, putting the ligature around the artery just under the outer border of the scalenus muscle. The deep cervical and supra-scapular arteries were both exposed, and held to one side. They came off on the cardiac side of the scalenus, and, as the loss of blood had been so great, I did not deem it safe or necessary to ligate them.

The greatest difficulty of the operation consisted in separating the great veins which completely encircled and obscured the artery. I passed the ligature from below upwards, securing a good view of the point of ligation, and applying the test of pressure before tying the knot. As soon as the ligature was drawn tight, the pulsation in the tumor ceased. An anodyne was administered, and the patient had a good night's rest. Under the use of a generous diet and tonic course of treatment, he improved rapidly, until the tenth day, when the skin over the tumor became discolored and painful. I was again called, and laid open the sac freely, removing nearly a quart of coagula and sanguino-purulent fluid. After this his recovery was rapid and complete. The ligature came away on the twenty-ninth day.

Case II.—In October following, I operated a second time for the relief of secondary hemorrhage which threatened immediate fatal results. Major Jacob C. Clock, U.S.A., was wounded by a minié ball at the battle of Occoquan, Va. The ball entered in front of the shoulder-joint, and passed through the axilla, fracturing in its course the scapula quite extensively, coming out near the spine. The axillary artery, or some of its larger branches,—probably the sub-scapular or internal circumflex,—were wounded. He suffered much from loss of blood, shock to the system, and exposure on the field previous to his removal to the military hospital at Winchester, Va. While in the hospital he lost much blood from repeated hemorrhages, and had chills and fever continuously.

He reached his home twelve days after the wound was received. During the next ten days he seemed to improve in strength and health. On the twenty-third day after the wound he had a sudden and profuse hemorrhage, losing a large quantity of blood. I was called by telegraph. When I arrived, he was ex-sanguine and pale; pulse 130; and the wound swollen and unhealthy. As the only surgical means available, I decided to ligate the subclavian artery.

The operation was done by candle-light, in the presence of several medical gentlemen. The incisions were made, as in the other operation, over the clavicle and along the posterior border of the mastoid. The external jugular vein and three superficial arteries were ligated. During the first incision, in dividing the deep cervical fascia, two larger branches had to be tied. A large nerve, a branch of the axillary plexus, was situated over and rested on the artery, and was uplifted by every pulsation. On casting a ligature under it, and holding it to one side, the artery was found directly under, and ligated between, the scaleni muscles. The anterior scalenus had to be divided, near the point where it is crossed by the phrenic nerve, which was carefully preserved.

The pulsation and hemorrhage ceased immediately, and the patient lost but little blood during the operation. Everything promised a favorable result during the first twenty-four hours. He rested well, took sufficient nourishment, and there was a manifest improvement in the pulse and general condition. Forty-eight hours later he had a severe chill, and on my second visit I found the gunshot wound in a gangrenous state, and the patient rapidly sinking.

He died on the twenty-sixth day after the wound was received. The operation was successful as regards the suppression of the hemorrhage, and prevented an immediate fatal result.

The condition of the patient, and the exposure on the field and while travelling, had a controlling influence in the final termination of the case.

Case III.—Wm. Nash, a guide in the North woods, was rowing a boat on Cedar River, June, 1872. His boat fell into the current, and was in danger of going over the falls. While using extraordinary effort to avoid the danger, he felt a sharp pain in the axilla, and a sensation as if something had been torn or lacerated. A swelling soon followed, attended with throbbing pain and inability to move the limb. The tumor increased quite rapidly, carrying the shoulder upward, protruding forwards under the pectoral muscle. On the 8th of March he was taken to Warrensburg, and placed under the care of Dr. McNutt, who immediately telegraphed to me, and started at once for Albany with the patient.

When he arrived he was greatly reduced by the suffering and fatigue of the journey. For several weeks the pain had been severe, preventing sleep, and exhausting his strength. The pulsation was strongly expansive over the greater part of the tumor.

On the 10th of March the operation was performed in the amphitheatre of the hospital, in the presence of the medical and surgical staff, and other members of the profession.

An incision was made along the course of the clavicle three and a half inches in length. The superficial and deep cervical fascia and clavicular portion of the mastoid muscle were divided; but one superficial artery required the ligature. The external jugular was compressed, and not divided. The artery was reached under the anterior scalenus muscle, which was detached from the rib three-fourths of an inch to uncover the artery. The deep transverse cervical artery was given off from the subclavian close to the border of the scalenus, which rendered the division of that muscle necessary to reach the artery. The subclavian was ligated first. The ligature was passed from within outwards, pressure was applied with the finger, and the tumor ceased to pulsate; the knot was then secured. The transverse cervical was then tied half an inch from its origin; only three ligatures therefore were applied, and the patient lost hardly a spoonful of blood.

The wound healed kindly. The ligature came away on the fourteenth day. The tumor was gradually diminished, and the sensation and power of motion in the limb have been gradually restored. The cure has progressed until this time. He is walking about in the hospital, and a complete recovery is anticipated.

At the annual meeting of the American Medical Association, held in New York, May, 1866, a committee was appointed to report on the subject of ligation of the subclavian artery. I was a member of that committee. The report was made under the direction of Dr. Willard Parker, and the statistics collected by Dr. Wynkoop, a student of Dr. Parker.

At that time, 196 cases of ligation of the subclavian had been reported; 107 died, and 88 recovered; the result in one case was not given. The mean time for separation of the ligature was 21 days; the shortest time, 8 days; the longest, 113 days.

The subclavian has been tied in its first division 13 times, without one recovery. In its second division, 9 times, with 4 recoveries. In its third division it has been tied 174 times, with 83 recoveries. Out of 67 cases 29 have died of hemorrhage.

Dr. Rork [Koch?] reports 185 cases of ligation of the

subclavian external to the scaleni muscles, of which 100 died, 82 recovered. The result in 3 cases is not stated. During our late war the subclavian was tied 17 times for hemorrhage, with but two recoveries.

Dr. HENRY MARCH remarked that it was remarkable that his father (the late Dr. Alden March) never had had occasion to ligate the subclavian artery in his long experience as a surgeon; but by reference to his case-book he found he had ligated arteries forty-three times, among which the profunda, external iliac, and common carotid were included.

SECONDARY SYPHILIS.

Dr. LEVI MOORE then addressed the Society upon secondary syphilis. He remarked that some years since he had read a paper on the subject of syphilis before the Society, when his remarks were confined more especially to the primary form of the disease, its character, distinctive features, and effects upon the human body.

He had been deeply impressed with the importance of this subject, both as it relates to the victim, whose vices self-impose this disease, and to that larger class to whom this disease is transmitted hereditarily or otherwise. It is a lamentable fact that by far the greater number of those who suffer either directly or indirectly from syphilis are in no way the authors of their sufferings. We are all so frequently brought in contact with this disease in its primary form, and at that period, too, when it is impossible to prevent the constitutional taint, that we need not wonder if it bears bitter fruit, involving in a common calamity the innocent as well as the guilty.

Dr. MOORE related the following case:

Several years ago Mr. N. placed himself under his care, who was at the time, and had been for a considerable period, suffering from a chancre on the glans penis. The case was complicated by phymosis. Cleanliness, the use of washes, the internal administration of mercurials in the form of pil. hydrarg., and afterwards protiod. mercury, with iodide of potass., finally effected an apparent cure. The remedies were continued for a long time, with the hope that but little if any of the virus of the disease remained in the system of the patient at its discontinuance.

Afterwards he married. His wife conceived, and miscarried at the expiration of three months. About the same time a troublesome ulcer, syphilitic in appearance and of large size, appeared upon his leg, which only disappeared after long and persistent use of the remedies mentioned. A second pregnancy occurred, and at the end of the seventh month his wife was delivered of a living child covered with syphilitic eruption and presenting most unmistakable evidences of constitutional taint. The child lived about one month, and then died. The mother, to all appearances, retains good health; and yet we cannot doubt but that sooner or later she will suffer from the effects of syphilis, introduced through her circulation from that of her unborn child.

Another case.—A young man, whom Dr. MOORE attended for secondary syphilis, and who had the characteristic ulcers about the mouth and fauces, was at the time attentive to a young lady of good family and character. Somewhat more than one year afterwards, Dr. M. was asked to prescribe for an eruption on the body of the lady, and was surprised to find it syphilitic; also to find a syphilitic sore-throat. He then learned that one year before she had suffered from a troublesome ulcer on her lip, which was long in healing.

Dr. MOORE continued, that he had introduced these cases only because they are pertinent to some further observations he had to offer on this subject. They are by no means exceptional, and probably many members present could recall similar cases.

Miscarriages frequently result from the effects of this disease, and, when the offspring is born alive, both mother and child are involved in one common misfortune.

The question was then asked if remedies could eradicate this disease from the system.

He said there were grave doubts, in the minds of careful observers, whether this disease, when once it has obtained a foothold in the human body, can ever be entirely removed. It is believed it may reappear or bear its legitimate fruits in syphilitic or scrofulous offspring.

The recognized difficulties in the way of curing those affected with this disease led to the trial of the principle of inoculation in a Swedish hospital. Patients affected with syphilis were repeatedly vaccinated with syphilitic virus, till a constitutional tolerance had been established and the virus ceased to produce any effect. Many cases were subjected to the treatment, and satisfactory results claimed. Although several years have elapsed since he read the statement, he had not learned that any other hospital had seen fit to continue the experiment.

He next directed the attention of the Society to a sanitarian view of this disease, and remarked that multitudes of our young men enter upon married life with their physical vigor tainted by this poison; wives and children alike suffer. Others still, unfaithful to their matrimonial relations, contract this loathsome disease and communicate it to their wives, and doubly entail it upon their children.

The importance of this subject has led to legislation on the matter of prostitution, and the city of St. Louis, and some others, have instituted a sanitary police to regulate prostitution, and in this way to protect the innocent from its evils.

The moral, as well as the sanitary, aspect of this proposition has been not a little discussed; and while it has been warmly commended on some hands, it has been bitterly denounced on others. It rests with the medical profession to shape and direct public opinion to the proper view of this question.

Dr. MOORE said that he had accomplished his object if, by remarking on this subject, he had awakened in the minds of the members of the Society a deeper interest in this important subject, and a more earnest desire to shield the innocent and unsuspecting from its destructive influences.

A general discussion arose from the reading of Dr. MOORE'S paper, in which nearly every member took an active part, each one giving his particular views upon the subject.

AMPUTATED CERVIX UTERI.

Dr. VAN DERVEER presented two specimens of amputation of the cervix uteri. One had been removed some time ago. The patient became pregnant in three months after the operation, but miscarried in consequence of over-exercise. To-day he had delivered her, at full term, of a healthy fœtus. The remarkable features were that no rigidity existed, and that the cervix appeared quite normal.

The second case was that of an unmarried woman, æt. 35, upon whom he had operated recently. There had been a difficulty in urinating for ten years past, the cervix having to be crowded up each time before the water was voided. There was found to be a longitudinal hypertrophy of the cervix, causing the organ to protrude when the patient was in the erect position.

Preparatory to the operation the patient was etherized, and the parts were exposed by a Sim's speculum, and the neck brought down by a silver wire passed around it. The amputation was then performed with curved scissors, 1½ inches anteriorly and 2 inches posteriorly. Four sutures were introduced to unite the edges of the mucous membranes.

She now menstruates normally, and already feels much improved. He preferred the scissors to the galvano-cautery, as the latter leaves a cicatrix, which can never be covered with epithelium, while by using the scissors the mucous membranes can be united by sutures and so be made continuous.

There is but little hemorrhage, as the silver wire acts as a tourniquet, and also aids in the operation by bringing the organ down.

REVIEWS AND BOOK NOTICES.

THE DISEASES OF THE STOMACH. Being the third edition of the "Diagnosis and Treatment of the Varieties of Dyspepsia." Revised and enlarged. By WILSON FOX, M.D., F.R.C.P., F.R.S., etc. 8vo, pp. 236. London and New York, Macmillan & Co., 1872.

The present edition of this work, besides being revised, differs from the two previous ones in containing a chapter on ulcer, and one on cancer of the stomach, as well as short articles on hypertrophy of the walls of the stomach, obstruction of the cardiac orifice, hemorrhage, dilatation, and softening of this organ. These additions render an already valuable work complete, and, as the author has spared no labor in its preparation, it is one of the most excellent treatises on the subject.

The best and latest authorities are freely quoted throughout the book, and we have the results of a considerable amount of original research and observation.

The first part is a general consideration of the symptomatology of the diseases of the stomach. Dr. Fox believes that in the inflammatory and irritative affections of this organ the appearance of the tongue undergoes changes indicative of the condition of the gastric mucous membrane, but that in the other disorders of the stomach the tongue is usually unaltered.

We are told that flatulence is generally the result of fermentative changes, and that gas is never, as has been supposed, secreted by the mucous membrane of the digestive tract. In the sudden flatulent distention of hysterical cases it is believed that most of the air is swallowed.

Acidity is thought to arise, in the great majority of cases, from fermentative action, but in some instances it is the result of a hyper-secretion from the mucous membrane.

Part second treats of the special diseases of the stomach, beginning with "atonic dyspepsia."

Under the head of gastritis the author considers acute and chronic gastric catarrh,—differing in this respect from those who consider gastritis a rare affection, due only to direct irritation from corrosive poisons, alcohol, etc., and occurring as a complication of other diseases. In addition to the acrid poisons, Dr. Fox gives as causes of acute gastritis, improper food, such as decomposing meat or vegetables, the drinking largely of cold water when the body is heated, and changes of temperature. He says there seems to be evidence that epidemic influences have something to do with the production of this disorder. Under the same head a very accurate description is given of sick headache, and, although the author regards the headache as usually a symptom of gastric catarrh, he seems disposed to agree with Dr. Anstie in looking upon the pain as a neuralgic affection. There is still, however, a great deal of discussion as to the true nature of *migraine*, as recent papers in *The Practitioner*, *Lancet*, and *British Medical Journal* will show.

Chronic catarrh includes a large number of cases of chronic dyspepsia, and the writer believes it to embrace the disorders described as "irritative," and even "nervous" dyspepsia. In the description of this form of the disorder the reader will recognize cases that he daily meets with.

The writer alludes to the opinion of some authors, that indigestion is often the immediate cause of phthisis. His own belief is that, when dyspepsia has preceded pulmonary disease, the same unhealthy constitutional condition has produced both affections.

The articles on ulcer and cancer are full of interest and information, while the references to authorities are even more numerous in this than in other parts of the book, and add greatly to its worth.

The paper and typography are good, and there are two fine engravings illustrating the microscopic appearances of the glands of the stomach in catarrhal conditions.

GLEANINGS FROM OUR EXCHANGES.

REMOVAL OF A NEEDLE FROM THE HEART—RECOVERY OF THE PATIENT (*British Medical Journal*, March 1).—Mr. G. W. Callender related to the Royal Medical and Chirurgical Society, at a recent meeting, the history of a man who for nine days followed his ordinary occupation in pain and with discomfort, having a needle fixed in the tissues at the apex of the heart. On the ninth day, in consequence of his statement and in view of the pain which he was suffering, an incision was made over the fifth intercostal space, and the broken eye of the needle was found on a level with the intercostal muscle. This extremity was seized, and the foreign body was withdrawn. The patient recovered without an unfavorable symptom. With this history, the exact position of the needle in the wall of the chest was given, as also was that of its probable position in the heart; the movements of the foreign body, caused by those of the heart, were figured, and their measurements were added. Some remarks were made upon recovery and duration of life after somewhat similar injuries, and an appendix of cases was given in the form of a table.

A discussion having arisen as to the actual penetration of the heart-substance by the needle, Dr. C. J. B. Williams said that the needle must have been buried to some depth in the substance of the heart. In animals on which experiments had been tried with pins, to ascertain the causes of the sounds of the heart, the introduction of needles caused at first violent action; afterwards the action was quieter. The needles always moved, and produced a friction-sound. Most likely there was adhesion here. It might be possible to introduce a needle, and so give an electric shock directly to the heart in suspended animation. Mr. Croft did not think the needle had penetrated the heart-substance. There were various reasons why he thought its end must have been free in the pericardium. A boy was brought to St. Thomas's with a needle supposed to be broken off in the substance of the heart. He died of pericarditis. The point was found projecting into the pericardium. It had caused laceration of the heart's substance, and pericarditis. Mr. Hulke said there was no difficulty about Mr. Callender's theory. There was much greater difficulty in accepting Mr. Croft's notion. The needle was really free at its outer end; and, attached at its inner end to the substance of the heart, it swung with its motions. Mr. Fairlie Clarke said in Mr. Croft's theory inconvenience was more likely to arise than in Mr. Callender's. Much more severe injuries had been recovered from. Mr. Callender said that if he had not

been quite sure as to the nature of the case, it would not have been worth while to bring it before the Society. The movements were exactly such as would be produced by the motion of the heart. It was marvellous how the man could go about his work for nine days in this state. The pain complained of a month after was doubtless due to nervousness. In the case of a child who ran a needle into a joint, he did not find the magnetic needle of much practical use.

THE CEREBRAL MECHANISM OF SPEECH AND THOUGHT.—Dr. W. H. Broadbent, in a paper in the "Medico-Chirurgical Transactions," vol. lv., presents the following conclusions:

1. Words, as remembered sounds, will be represented by cell-groups at the summit of the receptive side of the nervous system, which, for reasons given, is supposed to be situated in the marginal convolutions of the cerebral hemisphere.

2. From these cell-groups, when definitely formed, impressions will be transmitted to a cell-area in the superadded convolutions, to which also impressions conveying to the mind the various properties of objects indicated by the words will be transmitted; all these impressions are associated, and the word is employed as the symbol for the resulting idea of the object.

3. Almost simultaneously motor cells in the corpus striatum are grouped for the production of articulate words under the guidance of the remembered sound in response to efforts at imitation, which are at first more or less parrot-like. The cell-groups for spoken words once formed are, however, employed almost exclusively in intellectual expression.

4. The receptive cell-groups for remembered sounds will be found in the marginal convolutions of the two hemispheres, which are symmetrically associated by the corpus callosum, and the cell-groups for spoken sounds will be found in the two corpora striata; but the absence of commissural connections between the superadded convolutions of the two hemispheres permits of the predominant, if not exclusive, education of the left hemisphere for the verbal expression of the product of intellectual action, as has been revealed by pathology. This is an efferent process, and does not imply the exclusive use of the hemisphere in thought.

5. The outlet for intellectual expression in spoken words, which are motor acts, is necessarily in some part of the marginal convolutions in relation by fibres with the corpus striatum, and pathology has shown this point to be the left third frontal gyrus.

6. The left third frontal gyrus being the outlet for expression, the left corpus striatum necessarily takes the lead in the production of spoken words, but a way round exists probably from the left to the right third frontal gyrus by the corpus callosum, and thence to the right corpus striatum. Thus speech, though temporarily embarrassed by damage to the left corpus striatum, is recovered; whereas, if the cortex of the left third frontal convolution is damaged, or its fibres, both to the corpus striatum and the corpus callosum, cut through, speech, having no other outlet, is lost.

ON A NEW MODE OF TREATMENT OF FUNCTIONAL DYSPEPSIA, ANÆMIA, AND CHLOROSIS (*The Practitioner*, March, 1873).—M. Brown-Séquard, in his "Archives of Scientific and Practical Medicine," in a paper on this subject states that in 1851 he had to treat a bad case of dyspepsia, and succeeded in curing the patient by a plan of treatment which deserves attention, though it was long ago adopted by Dr. Watson in this country in cases of obstinate vomiting. M. Brown-Séquard has employed this plan with complete or partial success in a number of cases of dyspepsia, of chlorosis, of anæmia, and also as a means of ameliorating or curing nervous affections caused by gastric disturbances or poverty of blood. In a number of instances where failure occurred it was found that the patients had not carefully followed the rules, and that the failure was, at least in a great measure, due to this lack of care. In two cases only some increase of flatulency and acid eructations took place during three or four days, when the plan was given up. In a case of dropsy, attended with anæmia, dyspeptic pains were increased for a week, when the plan was abandoned. The treatment consists in giving but very little of solid or fluid food, or any kind of drink, at a time, and to give these things at regular intervals of from ten to twenty or thirty minutes. All sorts of food may be taken in that way; but during the short period when such a trial is made, it is obvious that the fancies of patients are to be laid aside, and that nourishing food, such as roasted or broiled meat, and especially beef and mutton, eggs, well-baked bread, milk, with butter and cheese, and a very moderate quantity of vegetables and fruit, ought to constitute the dietary of the patients under treatment. This plan should be pursued two or three weeks, after which the patient should gradually return to the ordinary system of eating three times a day. M. Brown-Séquard's experience with the patients on whom he has tried the plan of feeding above mentioned, shows that the amount of solid food required by an adult is nearly always as follows: from twelve to eighteen ounces of cooked meat, and from eighteen to twenty-four ounces of bread. As regards the quantity of fluids he has always allowed, it has been notably less than the amount indicated by Dr. Dalton (three pints), and by Dr. E. Smith (four and one-half to five pints).

A CASE of spontaneous version is related by Dr. Stanley Haynes, in the "Transactions of the Edinburgh Obstetrical Society." Mrs. M., aged 37, in her eighth pregnancy, had a left occipito-anterior position of the head; the os was dilated to two inches. The patient, whilst seated upon the night-stool, felt a sudden and great movement within, followed by a sensation of the descent of the fœtus. She hastened back to bed; the breech and right foot were now found presenting, the dorsum of the child being towards the left foramen ovale, and in three pains the birth was completed.

MISCELLANY.

MEDICINE AT LEIPSIC.—A correspondent of the *Lancet* quotes as follows from M. Léon Gautier: "In the Universities lie Germany's strength and the secret of her success." In 1870 Leipsic alone sent out to the war 400 of her 1668 students, of whom 55 never returned. Before their departure the Professors addressed them in the Town Hall, one saying, "If the French ask you where you come from, say, 'From Leipsic.' They will remember the name." The Medical Faculty, formerly third in importance after Jurisprudence and Theology, is now rapidly coming to the front,—the present session numbering nearly four hundred medical students, besides one hundred and twenty-one studying pharmacy. The senior of the Faculty, as he is of the whole University, is Dr. Ernst Heinrich Weber, Professor of Anatomy, who has held his chair for fifty-two years. There are also Dr. Radius, Professor of Hygiene; Dr. Wunderlich, ex-Rector and Clinical Professor; Dr. Crede, Professor of Midwifery; and Dr.

Wagner, Professor of Pathology and Pathological Anatomy; while physiology is represented by Dr. Ludwig; surgery by Dr. Thiersch; ophthalmology by Dr. Coccius; anatomy by Dr. His; and topographical anatomy by Dr. Braune. Our readers have, doubtless, recognized many of these names as of European reputation,—to say nothing of Dr. Czermak, a man of large private fortune, who lectures on physiology, and has provided in his own residence a commodious lecture-room and laboratory, with teaching-apparatus of every kind; the whole (lectures and practical arrangements) being free and open to all. There are also fourteen extraordinary Professors and twelve privat-Docents in the Medical Faculty of Leipsic, which, moreover, enjoys clinical resources of the best kind. In the suburbs there is the new large Infirmary, built on the latest and most approved principles; and in connection with it is the Clinical Institute, of which Professor Wunderlich is Director and first teacher, and Professor Thiersch Director of Surgical Clinics. The Infirmary is a one-story building, spread out in pavilions over an extensive area. In addition to it are the Pathologico-Anatomical Institute, under Professor Wagner; the Physiological Institute, under Professor Ludwig; and the Pathologico-Chemical Laboratory, under the Clinical Director, Professor Hofmann. A large new Anatomical Institute, towards which the Saxon Chamber a year ago granted 167,000 thalers, is in course of construction; and in another part of the town there is a Hospital for Midwifery and Women's Diseases, under Professor Crede. Professors His and Braune are Directors of an Anatomical Institute in conjunction with the old University buildings; while Professor Radius superintends a Pharmaceutical Museum, Professor Wagner a Medical Polyclinical Institute, Professor Schmidt a Surgical Polyclinical Institute, and Professor Thomas a District Polyclinical Institute. In an opposite part of the town there is an Institution for Eye Diseases, under Professor Coccius. Leipsic, the medical student will observe, is well worth a visit; while residence there is much cheaper, and, in a sanitary point of view, safer, than at Vienna or Berlin.

At a very full meeting of the Medical Society of the city of Wheeling and county of Ohio, held on Monday evening, April 14, the following action was taken with reference to their deceased fellow, Dr. Robert H. Cummins:

The melancholy announcement having been made to this Society of the death of Dr. Robert H. Cummins, an honored member and a former President of the Society, therefore,

Resolved, That in the death of Dr. Cummins this Society, and the community in which we live, have suffered a loss which will make this sad event to be long remembered and regretted.

Resolved, That the assiduity, devotion, and unusual skill and ability with which the deceased discharged his professional duties, joined to the courteous bearing which distinguished his conduct towards his medical brethren, and his uniform kindness of manner in his intercourse with his patients, gave him a symmetry and completeness of professional character which commands our highest respect, and is received by us as an example eminently worthy of our imitation.

Resolved, That the personal and social character of the deceased possessed traits not less deserving of commemoration than were his professional virtues, and we bear our testimony to his integrity of principle, his uprightness of conduct, and to his kind and sympathizing nature, which at once gave him the entire confidence of those to whom he ministered, and endeared him to a very large circle of ardently attached friends, in whose hearts his memory will long be kept green and unfading.

Resolved, That the members of this Society will in a body attend the funeral of deceased to-morrow at two o'clock P.M., and will wear the usual badge of mourning for thirty days.

Resolved, That the President of the Society be requested to present a copy of these resolutions to the family of the deceased, with the assurance of our sincere sympathy with them in this sad bereavement.

Resolved, That the foregoing resolutions be spread upon the minutes of the Society; be furnished for publication to the daily papers of the city, and to the medical journals.

Resolved, That Drs. Todd, Bates, Frissell, Ford, Hupp, Baird, Allen, and Hildreth, be appointed to act as pall-bearers.

R. W. Hazlett, *President.*
S. L. Jepson, *Secretary.*

A correspondent of the *Lancet* relieves his mind as follows:

"Killing two Birds with one Stone.—The stone in this case—not the first case of the kind—is a sermon. The preacher is Dr. Lambart, of Liverpool, who lectures on Sunday afternoons on the Body and its Diseases. Dr. Lambart is not only minister of Holy Trinity Church, but M.D. Dublin, and M.R.C.S. Eng. The lecture, as reported in a Liverpool paper, contains lively allusions to the case of Napoleon III., with complimentary references, in passing, to 'a Gull,' to 'the intelligence of Thompson,' to 'the knife in the hands of Sir William Fergusson or Spencer Wells of London, or Dr. Graham of this town.' A collection at the end of each lecture is made, to defray expenses. It must be difficult to fix the attention on affairs of the soul when stone and other vulgar physical subjects are under discussion."

At a stated reunion of the Medical Library and Journal Association of New York, held April 18, 1873, Dr. John C. Peters, President, in the chair, the following preamble and resolutions were presented and adopted:

Whereas, This Association has learned of the death of Josiah C. Nott, M.D., a successful and honored physician both in the Northern and Southern sections of our country; therefore,

Resolved, That in the death of Dr. Nott we recognize the loss of one of our most devoted members; a gentleman eminent for his high integrity and his unblemished character, distinguished alike as an ethnologist, gynæcologist, and surgeon, and by his untiring zeal for the advancement of medical science.

Resolved, That, as an expression of our sympathy with his afflicted family, a copy of these resolutions be transmitted to them, and published in the medical journals; also entered on the minutes of this Association.

THE Paris correspondent of the *British Medical Journal* says that "the beautiful collection of books (ancient and modern) belonging to the late Dr. Daremberg has been purchased by the Minister of Public Instruction, and presented to the Library of the Faculty of Medicine of Paris." We believe that the authorities of the London University were desirous of obtaining a part at least of this library for their own shelves.

PRIZES.—The Prix Duval of the Society of Surgery of Paris has been awarded to M. Malherbe for his researches on "The Febrile Condition in Diseases of the Urinary Organs." The Society of Medicine and Surgery of Toulouse proposes as a prize subject for 1874 the following question: "On the purity of the chemical medicines most commonly employed: indicate the most certain and easy tests."

THE PULSE OF VARIOUS ANIMALS.—Vatel, in his "Veterinary Pathology," gives for our domestic animals the following pulse: Horse, from 32 to 38 pulsations per minute; ox or cow, 25 to 42; ass, 48 to 54; sheep, 70 to 79; dog, 90 to 100; cat, 110 to 120; rabbit, 120; guinea-pig, 140; duck, 135; common fowl, 140.

MORTALITY OF PHILADELPHIA.—The interments reported at the Health Office for the week ending April 26, 1873, were 333; 172 adults, and 161 minors. 13 were of bodies brought from the country; making the mortality of the city 320. Among the assigned causes of death were:

Consumption of the Lungs	48
Other Diseases of the Respiratory Organs	45
Diseases of the Circulatory Apparatus	18
Diseases of the Brain and Nervous System	54
Diseases of the Digestive Apparatus	21
Zymotic Diseases (8 from Scarlet Fever)	35
Typhoid Fever	6
Casualties	6
Cancer	5
Exposure	1
Suicide	1
Neglect	1
Debility (including "Inanition" and "Marasmus")	39
Still-born	20
Old Age	11

(The interments reported for the week ending April 27, 1872, were 387.)

THE meteorological record kept at the Pennsylvania Hospital was as follows:

	THERMOMETER. Max.	Min.	BAROMETER. (2 P.M.)
April 20	58.0°	43.5°	30.01 in.
" 21	55.0	41.0	29.94 in. (Rain.)
" 22	49.0	40.0	29.98 in.
" 23	53.0	38.0	30.04 in. (Rain.)
" 24	61.0	42.0	30.01 in.
" 25	58.0	43.0	29.87 in.
" 26	54.0	44.0	30.01 in.

NOTES AND QUERIES.

EAR COUGH.—I have a patient subject to ear cough; a peculiar spasmodic cough being produced by touching any part of the external auditory meatus. Recently I gave him a dose of twenty grains of quinine, which induced a cough exactly similar to the ear cough from external irritation. This cough continued until the influence of the quinine on the system subsided.

J. SOLIS COHEN.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM APRIL 22, 1873, TO APRIL 28, 1873, INCLUSIVE.

HEAD, J. F., SURGEON and MEDICAL DIRECTOR.—Granted thirty days' leave of absence. S. O. 77, Department of Dakota, April 17, 1873.

HEGER, A., SURGEON.—In addition to his present duties, to perform those of Medical Director of the Department. S. O. 77, c. s., Department of Dakota.

BENTLEY, EDWIN, ASSISTANT-SURGEON.—To accompany Battery "G," 4th Artillery, for service in the field against the Modoc Indians. S. O. 44, Department of California, April 13, 1873.

GIRARD, J. B., ASSISTANT-SURGEON.—Assigned to duty at Camp Apache, A. T. S. O. 21, Department of Arizona, March 31, 1873.

POPE, B. F., ASSISTANT-SURGEON.—Assigned to duty at Humboldt, Tenn. S. O. 76, Department of the South, April 19, 1873.

BOOKS AND PAMPHLETS RECEIVED.

Hand-Book for the Physiological Laboratory. By E. Klein, M.D., Assistant-Professor in the Pathological Laboratory of the Brown Institution, London, etc.; J. Burdon Sanderson, M.D., F.R.S., etc.; Michael Foster, M.A., M.D., F.R.S., etc., and T. Lauder Brunton, M.D., D.Sc., etc. Edited by J. Burdon Sanderson. In two volumes, 8vo. With One Hundred and Thirty-three Plates. Vol. I., text, pp. 585. Vol. II., plates. Philadelphia, Lindsay & Blakiston, 1873.

The Mechanism of the Ossicles of the Ear and Membrana Tympani. By H. Helmholtz, Professor of Physiology in the University of Berlin, Prussia. Translated by Albert H. Buck and Normand Smith, of New York. With Twelve Illustrations. 8vo, pp. 69. New York, William Wood & Co., 1873.

Clinical Lectures on Various Important Diseases: being a Collection of the Clinical Lectures delivered in the Medical Wards of Mercy Hospital, Chicago. By Nathan S. Davis, A.M., M.D., etc. Edited by Frank H. Davis, M.D. Small 8vo, pp. 262. Chicago, J. J. Spalding & Co., 1873.

Archives of Ophthalmology and Otology. Edited and published simultaneously in English and German. By Professor H. Knapp, M.D., of New York, and Professor S. Moos, M.D., of Heidelberg. Vol. III., No. 1, 8vo, pp. 260. Illustrated. New York, William Wood & Co., 1873.

A Hand-Book of Medical Electricity. By Herbert Tibbits, M.D., L.R.C.P. Lond., etc. With Sixty-four Illustrations. 8vo, pp. 164. Philadelphia, Lindsay & Blakiston, 1873.

Fourth Annual Report of the State Board of Health of Massachusetts. January, 1873. 8vo, pp. 473. Boston.